

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

See page 1 of the State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / Child Find**Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:**

- A. Other States with similar eligibility definitions; and**
- B. National data.**

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

As lead agency for Part C the Department of Education is responsible for Child Find in South Dakota. Through an interagency agreement, Departments of Health, Social Services, and Human Services are collaborative partners in this effort. At the regional level, Part C sponsors nine regional programs that hire twenty-three service coordinators to receive and act on referrals. There are sixty-six counties in the state. Each service coordinator covers specific counties. There are 168 local school districts that are responsible for evaluating all children referred to determine eligibility for Part C. The service coordinator works closely with each school district to arrange evaluations. Service coordinators also play a major role in maintaining contact with primary referral sources in their area. The majority of the referrals are screened by their service coordinator as part of the child find process to help the family decide whether to proceed with an evaluation or not. However, no referral is denied an evaluation if the parent requests one regardless of the outcome of the screening.

When a referral is received by Birth to 3 Connections and the service coordinator is helping the family decide whether they wish to move forward, a screening is completed if that has not already been done. Typically the Ages & Stages screening tool is used. For those children who have been referred from the Child Welfare system, the Ages & Stages Emotional screen is also done. Should the family decide to move forward with evaluations, the results of the screening are shared with the evaluation team and recommendations for evaluation focus are made. All developmental areas are evaluated and in addition the areas that show most concern in the screen are evaluated by discipline specific evaluators. i.e. social emotional concerns would be referred for evaluation by a mental health evaluator, motor concerns are evaluated by physical and/or occupational therapists.

South Dakota is one of 13 states with Moderate Eligibility Criteria.

In South Dakota, schools determine eligibility for Part C. Historically SD has served children from birth to three in need of prolonged assistance under Part B. With the advent of Part C, the school districts retained their responsibility to serve children with more severe impairments. Prolonged assistance is defined as “children from birth through two who through a multidisciplinary evaluation, score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.”

If a child's eligibility scores meet the prolonged assistance definition, they are served by schools via the Part C rules with the school having the financial responsibility. If the infants and toddlers, birth to 36 months of age are eligible under the Part C definition, Part C is financially responsible. Part C eligibility is defined as:

1. Performing at 25 percent below normal age range; or
2. Exhibiting a six-month delay; or
3. Demonstrating at least 1.5 standard deviation below the mean; or
4. Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay such as Down's Syndrome and other chromosomal abnormalities; sensory impairments, including vision and hearing; inborn errors of metabolism; microcephaly; severe attachment disorders including failure to thrive; seizure disorders; and fetal alcohol syndrome.

A developmental delay may be manifested in one or more of the following areas:

1. Cognitive development;
2. Communication development - receptive , expressive or both;
3. Social or emotional development;
4. Adaptive development; and
5. Physical development including vision and hearing.

In circumstances where children are made eligible for early intervention services because of their medical diagnosis, the record must reflect a physician's statement documenting the diagnosis. Comprehensive, multidisciplinary evaluations must still be conducted.

Informed clinical opinion is used to determine eligibility when the evaluation team determines that testing instruments do not seem to address a child's developmental level. The issue of prolonged assistance becomes moot in that the child could not get accurate standardized scores so it is assumed the child will not be eligible as needing prolonged assistance. The team then does other criterion referenced tests if appropriate and/or uses their clinical experience to determine what outcomes would be appropriate for the child and what services are recommended.

Baseline Data for FFY 2004 (2004-2005):

- A. For Federal fiscal year (FFY) 2004 (2004-2005), South Dakota served 2.84% of infants, birth to three, with IFSPs, compared to states with moderate eligibility whose average was 2.87%.
- B. For Federal fiscal year (FFY) 2004 (2004-2005), South Dakota served 2.84% of infants, birth to three, with IFSPs, compared to the national average of 2.24%.

Percentage of all children under the age of three receiving services 12/1/2004 (excludes at-risk)

Moderate Eligibility Criteria	
New York	4.26%
Indiana	4.20%
Rhode Island	3.56%
Delaware	3.07%
Illinois	2.86%
South Dakota	2.84%
Moderate Avg	2.87%
National Avg	2.24%
Kentucky	2.29%
New Jersey	2.21%
Alaska	2.02%
National Goal	2.00%
Puerto Rico	1.80%
Colorado	1.70%
Montana	1.53%
Minnesota	1.50%

Birth to Three	2003	2004
Estimated state population of children under the age of three based on 2000 census data	31,183	31,624
Child count for children served under the age of three	830	897
Percentage of children served birth to three	2.66%	2.84%
National goal (actual achievement)	2% (2.23%)	2% (2.24%)

Discussion of Baseline Data:

Of the 13 states in the moderate eligibility criteria, South Dakota ranks 6th in percentage of children served age birth to three. 897 children out of 31,624 in the state of this age or 2.84 % had active IFSPs on December 1, 2004. This is 0.60% above the national average of children served in 2004. It is 0.84% above the national goal for states as set by OSEP.

Since 1992 when child count was first reported to OSEP our numbers have grown from 260 active IFSPs on the December 1 child count to 897 counted on December 1, 2004. Over these thirteen years the state's child count numbers have increased an average of 9% per year.

With the implementation of the CAPTA efforts we expect an above average increase for 2005 considering both the average increase and the increased referrals being generated from child protection services, drug and alcohol services, and homeless program out reach.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	South Dakota will increase the percent of infants and toddlers birth to three served under Birth to 3 Connections to 2.85 percent.
2006 (2006-2007)	South Dakota will increase the percent of infants and toddlers birth to three served under Birth to 3 Connections to 2.86 percent.
2007 (2007-2008)	South Dakota will increase the percent of infants and toddlers birth to three served under Birth to 3 Connections to 2.87 percent.
2008 (2008-2009)	South Dakota will increase the percent of infants and toddlers birth to three served under Birth to 3 Connections to 2.88 percent.
2009 (2009-2010)	South Dakota will increase the percent of infants and toddlers birth to three served under Birth to 3 Connections to 2.89 percent.
2010 (2010-2011)	South Dakota will increase the percent of infants and toddlers birth to three served under Birth to 3 Connections to 2.90 percent.

Improvement Activities/Timelines/Resources:

ACTIVITIES	RESOURCES	TIMELINES
Collect data on referral sources and identify gaps in outreach	<ul style="list-style-type: none"> State B-3 staff Service Coordinators 	<ul style="list-style-type: none"> July 1, 2005 -June 30, 2011
Maintain current child find practices	<ul style="list-style-type: none"> State B-3 staff Regional Service Coordinators 	<ul style="list-style-type: none"> July 1,2005 – June 30, 2011
Provide training for service coordinators on methamphetamine (meth) issues. The following information was addressed child endangerment, signs and symptoms of meth use and making sure you are aware of your environment.	<ul style="list-style-type: none"> Prairie View Prevention Services Meth Awareness & Prevention Project – (MAP SD) Service Coordinators 	<ul style="list-style-type: none"> October 2005
Collaborate with Department of Social Services and Department of Human Services	<ul style="list-style-type: none"> State B-3 Staff 	<ul style="list-style-type: none"> Fall 2005 - June 30,

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State

on procedure for referring children to the Birth to 3 Connection Program	<ul style="list-style-type: none">• Department of Human Services• Department of Social Services	2011
Review and update marketing materials and website for the Birth to 3 Connections program	<ul style="list-style-type: none">• State staff• Service Coordinators• Interagency Coordinating Council	<ul style="list-style-type: none">• Fall 2006 – June 30, 2011